



PTO/SB/82 (09-03)

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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	
Filing Date	5/20/96
First Named Inventor	Stephen Wren
Art Unit	3626
Examiner Name	A. Kalinowski
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

Applicant

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

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☐ Please change the correspondence address for the above-identified application to:☐ The address associated with  
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Stephen Wren				
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Stephen Wren		
Signature			
Date	5-4-04	Telephone	314-895-4604

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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